

289382

Easterling, Deborah

From: Michael McKinney <Michael.McKinney@chhj.com>
Sent: Wednesday, January 8, 2020 1:50 PM
To: PSC_Contact
Cc: Jeremy Hodges
Subject: [External] Docket # 2019-342-T Amended Application for Class E Cert.
Attachments: Household Goods application MLCB Inc 01.08.20.pdf

Sirs:

Attached is an amended application for for HHG Class "E" certification. Changes include adding "dba College HUNKS Hauling Junk and Moving" to the company name and changing the response to question 4 on Exhibit Fit, Willing and Able, page 7 of 10.

Please receive this amendment and process it as needed.

Thanks,

Michael



Michael McKinney

Franchise Partner / Owner

College HUNKS Hauling Junk & Moving | Augusta, GA

(706) 840-2239 Michael.McKinney@chhj.com | chhj.com



STATEMENT OF CONFIDENTIALITY: The information contained in this electronic message and any attachments to this message are intended for the exclusive use of the addressee(s) and may contain confidential information. If you are not the intended recipient, or the person responsible for delivering the e-mail to the intended recipient, be advised you have received this message in error and that any use, dissemination, forwarding, printing, or copying is strictly prohibited. Please notify the sender immediately and destroy all copies of this message and any attachments. Although College Hunks Hauling Junk and College Hunks Moving has taken reasonable precautions to ensure no viruses are present in this email, the company cannot accept responsibility for any loss or damage arising from the receipt of this email or attachments.

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JAN 08 2020

PSC SC
MAIL / DMS

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ACCEPTED FOR PROCESSING - 2020 January 8 2:35 PM - SCPSC - 2019-342-T - Page 1 of 12

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: _____

- ☒ E (HHG) - Household Goods
☐ E (HAZ) - Hazardous Material

IMPORTANT! If application is to amend scope of authority, a current annual report must be on file with the Commission **before** application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application
☐ Amended Scope of Authority

Current Scope:
(list counties)

AIKEN, EDGEFIELD, MCCORMICK

Amended Scope:
(list counties)

1.

MILCB LLC dba COLLEGE LINKS Hauling Link and Moving
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

3105 SPRING GROVE DR - UNIT D-5 - AUGUSTA, GA 30906
Street Address of Applicant

SAME
Mailing Address of Applicant (if different from street address)

706-496-7101
Phone

-
FAX

MICHAEL - MCKINNEY@CHHS.COM
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	250,000	Mortgage/Loan on Real Estate	60,000
Value of Motor Vehicles	100,000	Loans Owed on Motor Vehicles	40,000
Cash on Hand	300,000	Business/Other Loans Owed	-
Cash in Bank	None	Other Liabilities or Debts	200,000
Value of Other Assets and Equipment	200,000	Total Liabilities	300,000
Total Assets	850,000		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

INSURANCE QUOTEThis form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

MLCB, INC dba COLLEGE HUNKS HAULING JUNK AND MOVING
Name of Applicant

3105 SPRING GROVE DR UNIT D-5 AUGUSTA GA 30906
Address of Applicant

Amount of Premium:

Liability Insurance \$ 24,670
Cargo Insurance \$ 1127

Limits Quoted: (See Below)

Limits \$1,000,000 / \$2,000,000
Limits \$50,000 / \$50,000

* Attach Certificate of Insurance if available.

GENERAL LIABILITY - OHIO SECURITY / AUTO LIABILITY PROGRESSIVE / CARGO RLI
Name of Insurance Company

175 BEDFORD ST BOSTON MA 02116 / 16300 WILSON MILLS RD MARFED / 8025 N. LINCOLN BLVD
Home Office Address of Company VILLAGE OHIO 44143 / PEORIA IL 61615

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

 Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☐ No ☒ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes ☒ No

If "Yes", list judgements here:

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

~~☐ No~~

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

☒ Yes

~~☐ No~~

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

MLCB, Inc., a corporation duly organized under the laws of the State of South Carolina on April 30th, 2019, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 26th day
of July, 2019.


Mark Hammond, Secretary of State

Filing ID: 190430-1457516

Filing Date: 04/30/2019

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

ARTICLES OF INCORPORATION

1. The name of the proposed corporation is:

MLCB, Inc.

2. The initial registered office of the corporation is:
880 Campbellton Dr.

(Street Address)

North Augusta, South Carolina 29841

(City, State, Zip Code)

And the initial registered agent at such address is:

Michael C. McKinney

(Name)

I hereby consent to the appointment as registered agent of the corporation

(Agent's Signature)

3. The corporation is authorized to issue shares of stock as follows. Complete "a" or "b", whichever is applicable:

a. ☒ The corporation is authorized to issue a single class of shares, the total number of shares authorized is 1000000.

b. ☐ The corporation is authorized to issue more than one class of shares:

Class of Shares

Authorized Number of Each Class

_____	_____
_____	_____
_____	_____

The relative right, preference, and limitations of the shares of each class, and of each series within a class, are as follows:

4. The existence of the corporation shall begin as of the filing date with the Secretary of State unless a delayed date is indicated (see Section 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended) of its incorporation is _____

MLCB, Inc.

Name of Corporation

7. I, Blakely C Cahoon, an attorney licensed to practice in the state of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code of Laws, as amended, related to the articles of incorporation.

Date: 04/30/2019

Name of Corporation:

MLCB, Inc.

Blakely C Cahoon

Signature

Blakely C Cahoon

Type or Print Name

26026 Murreau Rd, STE 120

(Street Address)

Catalbasas, California 91302

(City, State, Zip Code)

877-692-6772

(Telephone Number)

Business Name: MICB, Inc.**Signature Page for a Secretary of State Business Filing**

This page must be completed, scanned, and attached to any business filing where one of the following is true.

- The filing party signs the digital form on behalf of official signers.
- An attorney's signature is required. (Articles of Incorporation for Corporation, Nonprofit Corporation, and Benefit Corporation)

Official Signatures

(Officer, Incorporator, Director, Agent, Partner, etc.)

Required for forms where the signer is not present upon online submission and a filing party is providing a digital signing on their behalf; if the provided space is not enough, please attach additional pages.

Michael C. McKinney

Name

4/24/19
Date

Signature

Director
Title / Position

Name

Date

Signature

Title / Position

Name

Date

Signature

Title / Position

Name

Date

Signature

Title / Position

Attorney Signature

Required for forms that implicitly state that an attorney must sign. (Articles of Incorporation for Corporation, Nonprofit Corporation, and Benefit Corporation)

Stakely C. Cahoon

an attorney licensed to practice in the State of South Carolina, certify that the corporation, through the filing of this certificate, is certifying that the requirements of Chapter 2, Article 43 of the 1876 South Carolina Code of Laws are being met, and that the corporation is in compliance with the requirements of the Code of Laws.

Attorney Signature

4/30/19
DateScan and Upload this document to the Business Filing System during the filing process.
File must be in PDF Format.

Incorporator's Certificate of MLCB, Inc.

I, Carri Brown, the sole Incorporator of MLCB, Inc., a(n) SOUTH CAROLINA corporation formed in accordance with the laws of that state, sign this statement to set forth action taken as follows:

FIRST: I state that the Certificate of Incorporation of MLCB, Inc., a true copy of which is annexed to this statement, was filed with the Department of State of SOUTH CAROLINA on April 30, 2019.

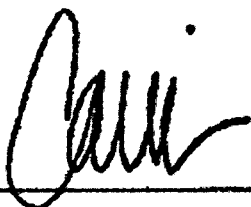
SECOND: The bylaws annexed to this statement have been adopted by me as the bylaws of MLCB, Inc.

THIRD: The following persons have been nominated and elected by me as directors of MLCB, Inc. to hold office until the first annual meeting of shareholders and until their successors are elected and qualify:

- Michael C. McKinney

FOURTH: I hereby assign all my rights, responsibilities, and duties as incorporator of MLCB, Inc. to the above-named Directors. After execution of this Certificate, the Incorporator named herein shall have no rights, responsibilities, or duties in regards to this corporation.

The foregoing is established by my signature on this instrument at 26025 Mureau Rd Ste 120 Calabasas, CA 91302-3103 on April 30, 2019.



Carri Brown, Incorporator



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/22/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Arthur J. Gallagher Risk Management Services, Inc.
1300 South Main Street
Tulsa OK 74119

CONTACT
NAME:
PHONE (A/C, No, Ext): 918-584-1433 FAX (A/C, No): 918-582-1329
E-MAIL:
ADDRESS:

INSURED
MLCB Inc.
960 Campbellton Dr.
North Augusta SC 29841

License# BR-724491
MLCBINC-01

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Ohio Security Insurance Company	24082
INSURER B: Progressive Mountain Ins Co	35190
INSURER C: RLI Insurance Company	13056
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1154297453

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	BKS60108723	8/23/2019	8/23/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<input type="checkbox"/> <input type="checkbox"/>	01037648-0	8/23/2019	8/23/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Motor Truck Cargo	<input type="checkbox"/> <input type="checkbox"/>	ILM0302545	8/23/2019	8/23/2020	Property in Vehicles Catastrophe Deductible 50,000 50,000 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CHHJ Franchising, LLC., it's officers, directors, regional directors, subsidiaries and affiliates are listed as Additional Insured.

CERTIFICATE HOLDER

CHHJ Franchising, LLC
4411 W Tampa Bay Blvd
Tampa FL 33614

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE